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September 26, 2017

Attorney Benjamin T. King
Douglas, Leonard & Garvey, PC
14 South Street, Suite 5
Concord, NH 03301

RE: Jonathan Leite

Dear Attorney King:

As per your request, I have reviewed my file in the above-captioned matter along with a review of the literature, on whether the delay in identifying Mr. Leite's traumatic brain injury (TBI) and instituting treatment impacted the extent of damage. I also have addressed whether Mr. Leite failed in seeking medical attention himself, thereby not mitigating his damage. Let me respond as follows:

1. At 5:10 p.m. on 08/24/12, more than two hours after Mr. Leite was beaten by other inmates, medical personnel at NHSP/Berlin found him in his bed unresponsive. It was reported: "(Inmate) has pieces of blood in his sputum…has both eyes closed, but is able to respond whenever he is nudged or spoken to loudly…eyes are pinpoint…arms are flaccid and he keeps moving his hands to his face…both feet were ashen and cold to the touch…clothes on his bed were soiled (with) feces (and?) [urine]…muscles to both legs are spasming…" His blood pressure was low (100/60) and his oxygen saturation was 73% (normal greater than 90%). It showed he was hypoxic (oxygen deprived) and this was further evidenced by his feet being ashen and cold. Oxygen was administered, and vital signs were monitored. He continued to be poorly responsive. At Androscoggin Valley Hospital, his TBI was identified, in association with right and left parietal subdural hematomas, and subarachnoid hemorrhage. Intravenous fluids to maintain blood pressure were started (? continued) and he was air lifted to Dartmouth Hitchcock Medical Center.

Early emergency intervention and management of TBI, and its associated complications, are known to be critical for prognosis:

• "It is now known that patients with TBI are susceptible to posttraumatic arterial hypotension, hypoxia, and brain swelling, and these may contribute significantly to the poor outcomes seen from TBI in the past…all major advances in the care of these patients have been

achieved by reducing the severity of these secondary insults on the injured central nervous system. Rapid resuscitation of trauma patients in the field, direct transport to a major trauma center, and improved critical care management in the hospital with intracranial pressure (ICP) monitoring have cut down mortality in severe TBI from up to 50% in the 1970's and 1980's to between 15% and 25% in most recent series…all patients should have their oxygenation and blood pressure assessed at least every five minutes…oxygen saturation should be maintained above 90%, and…systolic blood pressure should be kept above 90…In the pre-hospital phase, hypoxia and arterial hypotension have been shown to be the most significant secondary insults…" (Silver J. M., McAllister T. W., Yudofsky S. C.: *Textbook of Traumatic Brain Injury*, American Psychiatric Publishing, Washington D.C., 2005 (pp. 51-58).

Therefore, in my opinion, the delay in early emergency intervention and management of Mr. Leite with prompt identification of the TBI, together with the delay in institution of oxygen administration, and maintenance of blood pressure as well as fluids and electrolytes, resulted in a lost opportunity for mitigating the extent of his damage from TBI.

2. After Mr. Leite was lured into another inmate's cell, where he was to be severely beaten, he next "staggered out of the cell…unsteady on his feet, fell to the floor, landing on his buttocks…struggled to his feet, and another inmate 'helped' to steady him…struggled to get in his bunk, but he could not get over the rail. Another inmate pushed him up and into his bunk." When he was medically evaluated more than two hours later, he is described as being "unresponsive"/"poorly responsive," due to a TBI with brain hematomas and hemorrhage. When brought to Androscoggin Valley Hospital, his Glasgow Coma Scale was 12-13/15. Records show that he was "basically non communicative." Based on this clinical picture, it is clear that Mr. Leite lacked the capacity for any aspect of self-care, lacked the capacity to understand what was going on with him medically and functionally, and had no memory of the events that resulted in his critical condition. Therefore, in my opinion, it is inconceivable that he could have initiated a request for or sought medical attention on his own.

If I can answer any other questions, let me know.

Sincerely,

Albert M. Drukteinis, MD, JD

AMD/mas
Enclosure (bill)